## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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## **COVER PAGE**

Please type or print in ink.			Z010 JL	N 27 PH 2-17	
NAME OF FILER (LAST)	(FIRST)		15 CM market	(MIDDLE)	
Nelson	Zachary		SEPT OF		
1. Office, Agency, or Court			HILL	Hattagen 12	
Agency Name (Do not use acronyms)					
Department of Conservation			· · · · · · · · · · · · · · · · · · ·		
Division, Board, Department, District, if appl		Your Position			
Division of Oil, Gas and Geother	mal Resources	Engineering Geologist			
► If filing for multiple positions, list below of	or on an attachment. (Do not use	acronyms)			
Agency:		Position:	× .		
2. Jurisdiction of Office (Check at It	east one box)		-!	entron entropy and an	
☐ State		☐ Judge or Co	urt Commissioner (State	ewide Jurisdiction)	
Multi-County S. Clara, S. Cruz, S	. Benito, Monterey,	-			
	S. Barbara, Ventura	Other	and Part of Los A	Angeles	
City of		U Other	-3		
3. Type of Statement (Check at least	one box)				
Annual: The period covered is Januar		Leaving Of	fice: Date Left	! <i>j</i>	
December 31, 2017.	, .,, <u>.</u>	(Check one		*	
<b>-or-</b> The period covered is	/, through			1, 2017, through the date of	
December 31, 2017.		leaving • • <b>or</b> -			
$\boxtimes$ <b>Assuming Office:</b> Date assumed $\underline{}$	5 , 31 , 2018	The per the date	od covered is/_ of leaving office.	, through	
Candidate: Date of Election	and office sought, if	f different than Part	1:		
4. Schedule Summary (must com	nplete) ► Total number o	of pages includi	ng this cover pag	e:	
Schedules attached					
Schedule A-1 - Investments - sche	dule attached	Schedule C - Incon	ne, Loans, & Business	Positions - schedule attached	
			D - Income - Gifts - schedule attached		
Schedule B - Real Property – sche	dule attached	Schedule E - Incon	ne – Gifts – Travel Payı	ments - schedule attached	
<ul><li>Or-</li><li>None - No reportable interests</li></ul>	on any schedule				
5. Verification	an ana an	alia, Matamatan Majari ya masa ya masana a shika ka k	transcription of the state of t	eti isanetainen sikultan kanoonin koit katoolii lakun topak oloon toritalii oo katoolii oo ka kanoonin ka ka k	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	Occument)	•	STATE	ZIP CODE	
195 S. Broadway, Suite 101	Orcutt	•	Ca	93455	
DAYTIME TELEPHONE NUMBER	·	E-MAIL ADDRESS			
<del></del>	( 805 ) 937-7246 zack.nelson@conservation.ca.gov				
I have used all reasonable diligence in prep herein and in any attached schedules is tru				wledge the information contained	
I certify under penalty of perjury under t	he laws of the State of Californi	a that the foregoin	g is true and correct.	_	
Data Signed June, 22 2018		, ~	$\sim$		
Date Signed (month, day, year)	Sig	jnature	(File the originally signed statement with your filing official.)		
(month, vay, year)		The state of the s	ongarany organo oratomor	your many orional/	